



2003 INSTALLMENT REPORTING STATEMENT

DUE OR POSTMARKED ON OR BEFORE JUNE 1

Name of Company:	Contact Person:	Group Code ('03): NAIC Co. Code: -----
Mailing Address:	Phone No.: Fax.: E-Mail:	Group Code ('02): (If changed) State of Incorporation: FEIN No: -
Street Address:		Date Licensed in D.C.
Former Name, NAIC Company Code, State of Domicile and/or address if Changed Since Last Premium Tax Return:		

All insurers whose tax liability for the preceding calendar year was \$1,000 or more must file an Installment Reporting Statement. Insurers whose preceding calendar year tax liability was zero, or less than \$1,000 should not file the Installment Reporting Statement. Tax payment is due in one installment on or before the 1st day of June of the calendar year in which the taxed income is received. The installment shall be an amount equal to at least 50 percent of the total tax liability for the preceding calendar year. A penalty of 8 percent per month will be imposed until the appropriate tax installment is paid.

NOTE: PLEASE DO NOT STAPLE MULTIPLE INSTALLMENT REPORTING STATEMENTS TOGETHER

1.	Total tax for the preceding calendar year (premium tax plus retaliatory tax)	\$ _____ .00
2.	One Single Installment for the year, due <input type="checkbox"/> June 1st: (50% of line 1)	\$ _____ .00
3.	Less overpayment credit from previous year	\$ _____ .00
4.	Total installment due with this statement (If negative please enter amount on Line 7)	\$ _____ .00
5.	Penalty (After June 1 postmark, 8% per month until paid, D.C. Code § 47-2609)	\$ _____ .00
6.	Total amount paid (Line 4 + Line 5)	\$ _____ .00
7.	Remaining credit available	\$ _____ .00

For Dept. Use Only:
LOCKBOX
BATCH # _____

The Authorized Tax Officer should pay careful attention to the following questions and instructions.

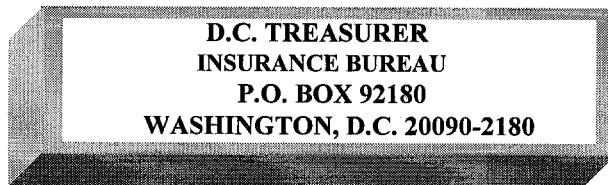
	Yes	No
1. Has the installment statement been signed?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a check attached?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the check been signed?	<input type="checkbox"/>	<input type="checkbox"/>

SEE PAGE 2 FOR MAILING ADDRESS - PLEASE USE THAT MAILING ADDRESS ONLY

- | | | Yes | No |
|----|--|--------------------------|--------------------------|
| 4. | Is the check made payable to the D.C. Treasurer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Is there a separate check for each company? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Indicate check number _____ Amount \$ _____ | | |
| 7. | Is there a carry forward credit? | <input type="checkbox"/> | <input type="checkbox"/> |

The following mailing instructions must be strictly observed. Failure to do so may result in your company's checks being lost or payments not being credited in a timely manner.

Please send tax return and checks to the following (LOCKBOX) address only:
Premium tax checks should be made payable to the D.C. TREASURER.



The undersigned authorized tax officer of the company certify under penalties provided by the laws of the District of Columbia, that this premium tax Installment Reporting Statement has been examined by me and is to the best of my knowledge, information, and belief, a true, correct and complete premium tax return, made in good faith for the taxable period indicated.

Signed by Authorized Tax Officer

Title

Date